

**Children's Health Technical Advisory Committee Meeting
James F. Thompson Room
275 East Main Street
Frankfort, Kentucky
September 14 – 2:00 p.m. EST**

TAC members in attendance: Stephen Lin, Julia Richerson, M.D., proxy for Kelli Whitt, MD; Mary Burch; Vicki Merrill; Charlotte Haney, DMD; Beth Savchick, proxy for Maria Rutherford.

Managed Care Organization (MCO) representatives in attendance: Jerry Caudill, Avesis; Carolyn Kerr, Passport Health Plan; LeAnn Magre, WellCare; David Crowley, Tiffany Calloway and Mary Maupin, Anthem BCBS; Mendy Pridemore, Rob Arnold and Kimberlee Richardson, Aetna Better Health; Martha Campbell, Humana-CareSource .

Medicaid staff in attendance: Stephanie Bates, Catherine Terry, Lucy Senters and Crystal Myatt. Others in attendance: Kathy Adams, Children's Alliance; Taylor Ingram, Louisville Metro Department of Public Health and Wellness.

The meeting was called to order by Mr. Lin. Introductions were made by those in attendance. There were no meeting minutes from the last meeting.

DMS UPDATES: Lucy Senters discussed the DMS' School-Based Program and stated she could provide information concerning what services are provided to children in the school and the number of children receiving services, but due to FERPA, schools are not allowed to release any identification of students. Ms. Senters also stated that the services the School-Based Program provide have nothing to do with the services that the children receive through the MCOs. Ms. Burch stated there are gaps in service when children are out of school during the summer, and she would like to see the TAC craft recommendations to improve this gap. Ms. Senters said the main point of contact is going to be with the parents or guardians and the schools and to educate them about the services available through the MCOs. Ms. Bates stated she has reached out to the Department of Education to have a DMS/MCO education meeting, and if this meeting does occur, she will report back to the TAC at its next meeting.

Catherine Terry discussed the meeting that was led by Dr. Ruth Ann Shepherd with the Department for Public Health to discuss maternal depression screening. The purpose of the meeting was to discuss CMS guidance on the coverage for screening and treating maternal depression and the recommendation that Medicaid has discretion on how to cover the screening services. She noted that models from different states will be looked at to determine how services are provided and billed. A follow-up meeting is planned with Dr. Shepherd and Veronica Cecil with DMS.

Ms. Bates had requested the disenrollment due to address mismatch report by age but it was not available at the time of the meeting, and Ms. Bates will provide it to the TAC at a later date.

Ms. Magre discussed a collaborative work group with DMS, the MCOs and DCBS to work with caseworkers out in the field to educate them on what MCOs do. A Tip Sheet is being developed that will be distributed to DCBS offices and it will contain MCO contact information. A Tip Sheet is also being developed for foster parents on how to work with MCOs and to answer frequently-asked questions. Two trainings will be provided in September and October for foster parents. Dr. Richerson asked that the TAC be furnished these documents once it is finalized by DMS.

Ms. Bates updated the TAC on the progress of Senate Bill 20 dealing with external independent reviews for appeals. A DMS meeting will occur next week to finalize the regulations and then they will be filed as emergency regulations. She will continue to update the TAC.

Mr. Lin asked about the large number of disenrollments of children at the age of one. Ms. Magre stated it could be an eligibility issue more so than an enrollment issue due to poverty percentage guidelines. Ms. Bates will follow up with this and report back to the TAC.

Mr. Lin asked if DMS or the MCOs had guidance on how to find data regarding wraparound benefits and services for children and EPSDT utilization for a period of time. Ms. Bates stated that fee-for-service and the MCOs do not put an identifier that a service is EPSDT. Ms. Burch asked if it would be possible to run what vision services are being billed through EPSDT, and Ms. Bates stated that authorizations are done through provider type and service but she will discuss this with the Optometric TAC and report back. Ms. Magre stated that the Tip Sheets will have information concerning EPSDT services.

MCO UPDATES:

The following information was requested of the MCOs:

- (1) How does MCO communicate with primary care providers/medical homes in regards to high-risk members with asthma?
- (2) For MCOs that indicated they work with members on developing individualized plans of care, does information about the care plans get shared with primary care providers/medical homes?
- (3) Has MCO paid any claims for asthma education (94664 inhalation instructions) for Provider Type 64, 65, 78 or 95 since 7/1/15?
- (4) Has MCO paid any claims for asthma education (98960 self-management) for Provider Type 64, 65, 78 or 95 since 7/1/15?

WELLCARE: A handout was provided, and Ms. Magre outlined steps taken for communicating with PCPs and medical homes and how this information is shared, as well as information concerning paid claims. Enrollment spreadsheets were provided. Ms. Magre noted that disenrollment and suspension figures due to the address verification policy contained anomalies in the data and she will provide this information at a later date.

PASSPORT: A handout was provided, and Ms. Kerr outlined steps taken for communicating with PCPs and medical homes, how this information is shared, and asthma education reimbursement. Enrollment and disenrollment data were provided. She also discussed the wraparound benefits data.

HUMANA-CARESOURCE: Handouts were provided by Ms. Campbell, and she discussed communication guidelines with PCPs and medical homes, how the information is shared and information concerning paid claims. She provided enrollment and disenrollment data and a language report broken out by county.

ANTHEM BCBS: Ms. Maupin reported on communication guidelines and how the information is shared. She provided information concerning procedure codes. She noted that on a plan level, the MCO has developed a respiratory work group domain that is looking at asthma specifically.

AETNA: Ms. Pridemore outlined the communication guidelines and how this information is shared and she also provided claims data. She will furnish disenrollment information to Ms. Bates at a later date.

GENERAL DISCUSSION WITH MCOs: Dr. Richerson noted that she is not receiving the PCP communications concerning asthma from any of the MCOs. Ms. Bates asked the MCOs to specifically review this concerning Dr. Richerson, and Ms. Magre asked if this request could be put in writing.

Dr. Richerson also discussed the low usage rate of Provider Code 98960 and the need for a provider communication to encourage the use of this code and to spend time doing self-management. Dr. Richerson asked if there are any current PIPs around asthma, and Ms. Bates will have IPRO detail a listing of all current PIPs and she will provide this to the TAC.

OTHER COMMITTEE BUSINESS: Mr. Lin will inquire about whether the TAC would like to see MCO enrollment/disenrollment data on an ongoing basis.

RECOMMENDATIONS TO MAC: There were no new recommendations to be made to the MAC.

A motion was made by Ms. Burch and seconded by Dr. Haney to adjourn the meeting.

(Minutes were taped and transcribed by Terri Pelosi, Court Reporter, this 30th day of September, 2016.)